

DELAYED CERTIFICATE OF BIRTH
Division of Vital Statistics - State Board of Health
STATE OF SOUTH CAROLINA

Birth No. 139

22 050091

~~22 023314~~

STATE OF SOUTH CAROLINA		(L. S.)	County of Birth	YORK
COUNTY OF YORK			City of Birth	ROCK HILL
Name at Birth	LINDSAY DEWITT HENDERSON	Sex	MALE	Date of Birth
				MARCH 8, 1922

FATHER	
Full Name	SPENCER HENDERSON
Birth Date	OCTOBER 24, 1885
Place of Birth	{ State or Country }
Race or Color	NEGRO

MOTHER	
Maiden Name	BESSIE LEE LOVE
Birth Date	SEPTEMBER 15, 1890
Place of Birth	{ State or Country }
Race or Color	NEGRO

The above statements are true to the best of my knowledge and belief.

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN, IF UNDER 21 YEARS OF AGE

Bessie L Henderson
(Exactly as used at present time)

*If married woman sign maiden name here also.

Subscribed and sworn to before me this 2nd

NOTARY
SEAL

day of July, 1955
Sub Phillip Dacter
Notary Public

My commission expires At the will of the Governor

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Issued
1 Brother's Original Birth Record Vol. 23-16015-28	York Co., S. C.	5-21-28
2 Application for ins. in the Industrial Life & Health Ins. Co. of Atlanta, Ga. Pol. #A4726008	Atlanta, Ga.	5-30-38
3 U. S. Army Honorable Discharge	Ft. Jackson, S. C.	3-11-46

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Spencer Henderson	Bessie Love
2 3-8-22			Bessie Henderson
3 3-8-22	York Co. S. C.		

Date Filed October 31, 1955

Registrar Thos. P. Lesesne

(SEE INSTRUCTIONS ON REVERSE SIDE)

Ann S. Shirley
Signature and Title of Reviewing Officer
Delayed Records Clerk

Form VS-6

6-9-55 ihc Lindsey Henderson RA 34 640 294 file: 92574